

ARTIST OPPORTUNITY GRANT APPLICATION & BUDGET FORM

NEW HAMPSHIRE STATE COUNCIL ON THE ARTS

1. APPLICANT DATA: *Type or Print Clearly*

Official IRS name of applicant:

School/Organization:

Mailing Address

City/Town

State

NH

ZIP

Daytime Phone

Fax

E-mail

URL

2. PAYMENT: *If payment is to be made to a fiscal agent or business name that is different than applicant name above.*

Official IRS name for payment:

Mailing Address

City/Town

State

NH

ZIP

Daytime Phone

Fax

E-mail

URL

3. GRANT REQUEST DATA:

AMOUNT REQUESTED: \$

Project Start and End Dates: *Grant Period is July 1 - June 30* _____

Project Title: *one phrase or sentence* _____

Enter NISP codes: <http://www.nh.gov/nharts/grants/nisp.htm>

- Arts Discipline *for primary area of work:* _____
- Race/Ethnicity of Applicant: _____
- Race/Ethnicity of Project: _____
- International Activity?: yes / no

FOR OFFICE USE ONLY: FY

ACTIVITY TYPE

APP. #

4. NARRATIVE QUESTIONS:

See attachment for Narrative Questions

5. ATTACHMENTS

Please refer to grant guidelines - <http://www.nh.gov/nharts/grants/artists/artistopportunity.htm>.

4. CERTIFICATION

I, _____, **do hereby certify** that all of the figures, facts and representations made in this application and its attachments are true and correct to the best of my knowledge and belief. Any grant funds received in connection with this application will be expended as described and any changes in the budget or purpose of this application will be **submitted in writing** for approval.

Signature

Date

Signature of person preparing this application (if different)

Title

Date

Applicant hereby agrees to comply with Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; Title IX of the Education Amendments of 1972 (where applicable); Title 29 (Part 505) of the Code of Federal Regulations (governing fair labor practices); the Age Discrimination Act of 1975; the U.S.C. Sec. 1913 regulating lobbying with appropriated monies; the Drug-Free Workplace Act of 1988; and the Americans with Disabilities Act of 1990; as well as all regulations of the National Endowment for the Arts pursuant to these statutes & regulations described in OMB circulars A-102 and A-87, Cost Principles. **NHSCA reserves the right to monitor sub-grantees to ensure that all applicable terms & conditions of grants are being met.**

BUDGET FORM FOR ARTISTS

APPLICANT NAME: _____

EXPENSES FOR PROJECT ONLY ↓

CASH ↓

IN-KIND ↓

(PLEASE ITEMIZE)

SUPPLIES AND MATERIALS: _____:\$.....\$

_____:\$.....\$

REGISTRATION OR ENTRY FEES: _____:\$.....\$

_____:\$.....\$

CONTRACTED SERVICES: _____:\$.....\$

_____:\$.....\$

EQUIPMENT: _____:\$.....\$

_____:\$.....\$

SPACE RENTAL (*location/rate*): _____:\$.....\$

TRAVEL: (*specify mileage, per diems, expenses*)

In-state:\$.....\$

Out-of-state:\$.....\$

MARKETING/PUBLICITY: (*specify*)\$.....\$

REMAINING PROJECT EXPENSES: (*please itemize*)

_____.\$.....\$

_____.\$.....\$

_____.\$.....\$

_____.\$.....\$

TOTAL CASH EXPENSES: (*must equal Total Cash Income*)\$.....

TOTAL VALUE OF IN-KIND CONTRIBUTIONS:\$.....

Identify sources of in-kind (donated services or goods) contributions here: _____

APPLICANT NAME:

INCOME

REVENUE – EARNED INCOME:

Fees for Services: \$.....

Employer Reimbursement: \$.....

Contracted Services (*specify*): \$.....

.....

Other Revenue (*specify*): \$.....

..... \$.....

SUPPORT - UNEARNED INCOME:

Corporate Sponsorships (*identify*): \$.....

New England Foundation for the Arts Grants: \$.....

Private Foundations (*identify*): \$.....

Other Support (*includes scholarships / fellowships*)

..... \$.....

..... \$.....

GOVERNMENT SUPPORT:

Federal: \$.....

State (*do not include this request*): \$.....

Local: \$.....

APPLICANT CASH: (*See Glossary for definition*) \$.....

SUB-TOTAL (*Income from Above*): \$.....

GRANT AMOUNT REQUESTED FROM ARTS COUNCIL: + \$

TOTAL CASH INCOME: (*Must equal Total Cash Expenses*) = \$